

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
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TOTAL IND.	2					
TOTAL DEP.	6	↔	↔	↔		
TOTAL CLAIMS	8	████	████	████	████	████

*	IND	DEP	*	IND	DEP	*	IND	DEP
51								
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TOTAL IND.	2	↔	↔	↔				
TOTAL DEP.	6	↔	↔	↔				
TOTAL CLAIMS	8	████	████	████	████	████	████	████